



# Assisting & Moving Individuals Manual

**Candidate**

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**Company**

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**Date**

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## ***Learning Outcomes***

- Know how to provide active support and promote the individual's rights, choices and well-being when moving and handling
- Be aware of codes of practice and **conduct**; and standards and guidance relevant to the moving and handling of individuals
- Know how to access up-to-date copies of organisational risk assessments for moving and handling specific individuals
- Be aware of key changes in the conditions and circumstances of individuals that you are moving and handling and actions to take in these circumstances
- Know the different types of equipment/machinery which are available for moving and handling
- Know why it is important to prepare the environment for moving and handling
- Be aware of the possible consequences for the individual, yourself and others if you do not use safe techniques
- Know sources of further help for moving and handling of individuals
- Know how to co-ordinate action when moving and handling as part of a team
- Be aware of the importance of maintaining your own cleanliness and hygiene prior to, during and following moving and handling individuals

## ***Complementary Manuals***

- Health and Safety
- Falls Response
- Infection Control

Although every care has been taken in the research and creation of this training manual e-cert Healthcare Training cannot be held responsible for the actions and omissions of students who have completed this course.

We believe that this manual reflects current law and good practice but knowledge and procedures continue to progress and you are advised to keep your knowledge and skills up to date.

## ***Unit One***

### ***Assisting and moving people legally and appropriately***

Part of your role as a care worker is to give people as much support as necessary to get up in the morning, maintain personal cleanliness, use the toilet and move from room to room, or outside the building as they want to. Many of the people you support may be able to do this without physical help; others may require varying amounts of assistance.

Legislation and good practice guidelines exist to protect both you and the people you support from the risks associated with manual handling manoeuvres. This is important for you because carer workers are at greater risk of injury than most other workers ([www.hse.gov.uk/statistics](http://www.hse.gov.uk/statistics)); and it is important for the people you support who may experience physical and psychological harm if handling practices are poor.

The welfare and rights of people with care needs are protected by the Care Quality Commission. In their guidance for meeting the requirements of the Health & Social Care Act 2012 (Regulated Activities) regulations 2014 the CQC state the following:

Care and treatment must be provided in a safe way for service users..... the things which a registered person must do to comply include:

- Assessing the risks to the health and safety of service users of receiving the care and treatment
- Doing all that is reasonably practicable to mitigate any such risks
- Ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely
- Ensuring that the equipment used by the service provider is safe for such use and is used in a safe way (regulation 12) (CQC, 2012)

To meet these requirements, we must carry out appropriate risk assessments of manual handling operations (See unit 3). We also need to put in place control measures to reduce risk, keep up to date with current guidance for safe practice and know how to work in a person-centred way that complies with legislation including:

- Human Rights Act 1998
- Mental Capacity Act 2005
- Equality Act 2010

Although there will always be times when individuals require assistance to move or need to be moved by hoist or other mechanical aids, it is vital that you support clients to maintain their physical independence for as long as possible.

Suggest some ways in which you might support someone to move independently i.e. without your physical help

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When care workers are required to assist or move clients they are carrying out 'manual handling operations' as defined by the Manual Handling Operations Regulations 2002 (MHOR).

According to the regulations 'manual handling operations' mean any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force. ('load' includes any person or any animal) [www.legislation.gov.uk](http://www.legislation.gov.uk)

Write down an example of when you might do each of the following while assisting or moving someone:

Lift: .....

Put down: .....

Push: .....

Pull: .....

Carry: .....

By referring to people as 'loads' the terms of the regulations can have a dehumanising effect. Treating people as inanimate objects is of course unacceptable and could amount to emotional and physical abuse. Unit 4 looks at issues such as rights, choices and dignity in detail and discusses how you can work with people to support them as individuals.

All types of manual handling in the workplace are regulated by three main pieces of legislation; the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, and the Manual Handling Operations Regulations 2002 To ensure that you work in ways which are legal and safe you and your employers must be aware of certain general and specific duties.

## ***The Health and Safety at Work Act 1974 (HSWA)***

This Act was the first to apply to all kinds of business and it was the basis for a great many more specific regulations which have been introduced since, including those mentioned below. Employers have to make sure that they provide their employees with a safe working environment; appropriate properly maintained tools and equipment; and safe systems of work. They also have to make sure that they protect the people they support, visitors, members of the public and the environment from harm.

Employees have to look after their own health and safety and that of others, they must co-operate with their employers; and they must not misuse or tamper with safety equipment.

You must make yourself aware of Health and Safety legislation because if you cause an accident you can be prosecuted and fined up to £20,000 for offences under HSWA and related regulations.

## ***Management of Health and Safety at Work Regulations 1999***

These regulations introduced a range of specific responsibilities for employers, managers and supervisors. The main points relevant to manual handling are that they must:

- Carry out risk assessments
- Provide information and training
- Monitor and manage occupational health issues

## ***Manual Handling Operations Regulations 2002***

MHOR apply to all hazardous manual handling operations; manoeuvres may be hazardous for various reasons including size, weight or nature of load to be moved; number of times that the operation must be carried out; environment within which the load is to be moved. (Almost all assisting and moving of people will be hazardous).

To meet the requirements of the regulations employers have 3 main duties:

1. Avoid – if the task doesn't have to be done it shouldn't be; if it can be mechanised this should be done.
2. Assess – carry out a formal risk assessment of any hazardous task (see unit 3)
3. Reduce - use the findings of risk assessments to plan safe systems of work and introduce control measures

In addition they must also communicate important safety information to staff and take into account the varying physical capabilities of different employees.

When you carry out handling tasks you should first of all follow the same 3 step process as your employer – avoid, assess, reduce – and then, if the task is necessary and within your capabilities, follow your employer's safe system of work. If

they have recorded that the task requires two people and that equipment should be used you must make sure that this happens otherwise you become liable for any accident or injury.

## ***Accidents***

In the next unit we will look at what can go wrong when assisting and moving people and the ways in which they can be injured. For legal reasons all accidents must be recorded and some must be reported to the HSE, CQC and other official bodies.

If you have an accident while carrying out a handling task record it using your workplace accident book or accident report form; if you are unable to do this a witness or senior member of staff should do it for you.

The report should include:

- The name(s) and address(es) of the person(s) involved
- The name and signature of the person completing the report (if different)
- What happened
- Time and date of incident
- Where the incident occurred
- What injuries were caused
- Whether first aid / medical treatment was necessary

Employers and managers should be made aware of all incidents so that they can investigate and, if necessary, reassess their safe systems of work. Certain incidents will need to be officially reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

## ***RIDDOR 2013***

Manual handling incidents are responsible for around a third of all reports to RIDDOR. Reportable occurrences would include:

- Injuries resulting in employees being unable to work for more than 7 days
- Accidental deaths
- Injuries to people other than staff requiring immediate medical attention
- 'Near misses'; occurrences which could have caused harm but didn't e.g. hoist slings tearing while in use

(for a more comprehensive list of what to report and how go to [www.riddor.co.uk](http://www.riddor.co.uk) )

## **Unit One Questions**

1. Why is it important to encourage people to move independently?

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2. Suggest 3 pieces of legislation or codes of practice you should be aware of when carrying out handling tasks

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3. What must you do before carrying out a handling task?

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4. Who is responsible for your safety when you are assisting people?

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5. Give an example of an incident which would need to be reported under RIDDOR 1995?

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## Unit Two

### The Effects of Poor Manual Handling

Although we tend to focus on back injuries as the likely result of poor manual handling we can of course do harm to almost any part of our body if we don't take care. For example:

- Toes and fingers can be crushed
- Joints may be dislocated
- Bones get broken
- Skin bruises and tears
- Ligaments can be overstretched

Injuries may be caused by one off events such as trying to catch a falling person, or they may develop over time as a result of poor posture or bad practice. Employers' risk assessments must identify hazards associated with long term damage as well as those which make accidents more likely.

Poor manual handling of any kind can result in accidents and occupational illnesses with acute, chronic or even terminal results. The effects of poor posture, bad practice and accidents can last days, months or even years and the costs to individuals, employers and society as a whole are high.

There are of course also concerns if the person injured during a manual handling manoeuvre is a **service user instead** of a member of staff. The wellbeing of care staff and those being cared for is likely to be affected if investigations are carried out and the quality of care provision is called into question. Care staff may be worried about job security or the threat of prosecution and they may also experience feelings of guilt, particularly if the person was seriously injured.

Consider the possible effects of a manual handling accident at work and record some of your thoughts in the table below:

<b><i>You are helping Mrs Smith out of bed; you haven't noticed her slippers on the floor and you stumble over them. You end up on the floor with Mrs Smith on top of you</i></b>			
<b><i>How might you feel?</i></b>	<b><i>What might it cost you if you are injured?</i></b>	<b><i>How could your employer be affected?</i></b>	<b><i>What other negative effects might this accident have?</i></b>



## ***Potential effects on people being supported***

As we have seen people who need assistance to move are vulnerable to both physical and psychological harm; this may include:

- cuts / bruises from rough handling
- joint injuries from drag lifts
- loss of abilities if care staff assist too much
- pressure sores if they are not moved often enough
- broken limbs if they fall or are dropped
- fear of being handled if they have previously been treated roughly
- loss of self-esteem if they have been treated without dignity or respect
- embarrassment if they feel exposed or their privacy is not respected
- loss of self-worth / sense of self if they are treated as objects not people.

Manual handling tasks carry a significant risk of injury for all involved if they are not adequately controlled. You have a duty to make sure that you protect yourself and others from harm and take steps to look after your body to keep it fit and healthy.

While you continue through the rest of this manual try to pay extra attention to the tasks you carry out at work. Ask yourself the following:

- How many manual handling tasks do I carry out each day?
- Am I working in a way that is safe for myself and others?
- Do I work in a person-centred way and encourage independence whenever possible?
- Am I confident about my abilities or are there areas I need to work on?

## ***The Spine***

Your spine performs vital functions; it:

- Supports your body
- Allows you to perform a range of movements including the ability to use your hands while standing upright
- Protects your spinal cord

**Support** – your spine balances the weight of your head and enables you to stand and walk on two legs; the way it is built out of several small bones stacked in a column allows it to be strong but flexible. The lumbar region of your back (shown below) supports most weight and is, therefore, particularly vulnerable to injury.

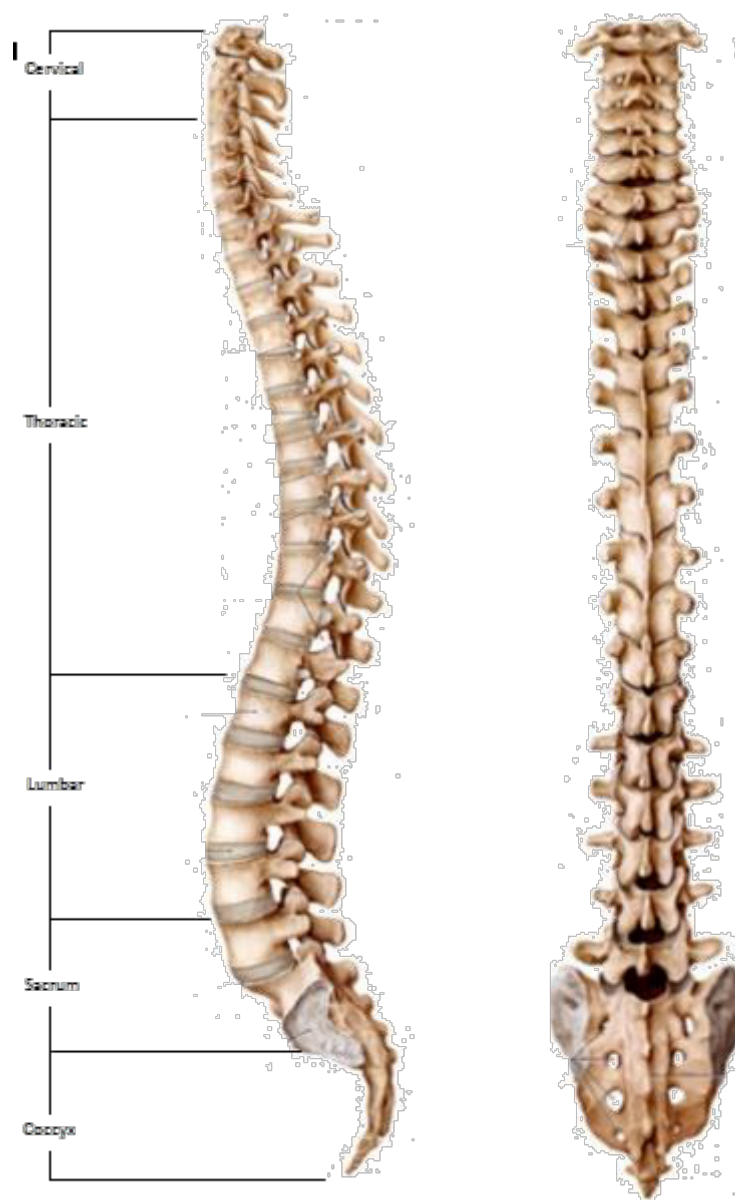
At birth your spine was 'c' shaped; it was your development from turning and lifting your head through crawling to walking that gave your spine its present form. Most people's spines develop natural curves in a relaxed 's' shape; your back is at its strongest when it is held in this natural position without twists, bends or tension.

**Movement** – Your spine is made up of 33 separate bony vertebrae which are connected by muscles and ligaments and separated by fluid filled discs. This structure enables you to bend down, reach up, lift loads, twist, turn and do a thousand other manoeuvres that you probably take completely for granted. (Unless you suffer from chronic back pain!)

The discs between each of your moveable vertebrae act as shock absorbers preventing the bones from rubbing together and reducing the impact when you walk, run or jump. So called ‘slipped discs’ occur when they become worn or torn and are no longer able to cushion or protect.

**Protection** – Running through your vertebrae is your spinal cord, this is the route your brain uses to communicate with the rest of your body. The cord is made of nerve cells which relay instructions to all parts of your body and carry sensory information back to the brain.

These nerves are vulnerable to damage and need the hard shell that the spine provides. Harm caused to the spinal cord can have life altering affects and may even be fatal.



## ***Back Problems***

Back problems are so common that 80% of us will experience back pain at some time in our lives however, your back is probably less vulnerable to injury than you think as serious problems are relatively rare. Most back pain is caused by damage to muscles and soft tissues which will recover in time.

Historically the treatment for back pain was bed rest; modern scientific research has overturned attitudes and it is now known that the majority of people would do best to try and carry on as normally as possible; using painkillers when necessary, doing moderate exercise and avoiding heavy lifting.

## ***Protecting Yourself***

Your back, like the rest of your body, will work best if it is treated well, exercised and given the right nutrients. The following are all things you can do to look after yours:

- Eat a balanced diet
- Lose weight if necessary to reduce the strain on your back and your joints
- Exercise regularly and safely (swimming and walking are good)
- Take regular breaks from whatever you do so that you are not stuck in the same position for hours
- Use a supportive mattress

(Doctors are a good source of advice and reassurance if you are suffering from back pain; they can rule out serious conditions and suggest appropriate ways of dealing with the pain and any reduced mobility)

Some back problems are disabling, others become so because they are not dealt with effectively; any more than 2 days bed rest will significantly increase recovery time. Muscles will be weakened through lack of use when they need to be being strengthened, and without regular stretching and movement joints become stiff and sore.

## **Unit Two Questions**

1. Give an example of a way in which you might be injured through poor manual handling practices

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2. How can you protect your back?

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3. Which part of your back is most vulnerable to injury?

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4. What functions does your spine have?

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5. If you experience back pain what action should you take?

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## Unit Three

### Preparation

Safe assisting and moving requires a combination of skills and knowledge including:

- Risk assessment
- Good technique
- Ergonomic issues
- Awareness of dangerous practices
- Teamwork
- Appropriate use of equipment

The key to safe and controlled manual handling is preparation; remember the proverb 'more haste, less speed'. Rush to do something and you are likely to end up spending extra time correcting mistakes and clearing up after accidents.

- **Think** – consider the task in hand and what it involves; consult care plans and risk assessments
- **Assess** – what hazards / risks exist and how capable are you?
- **Plan** – what exactly are you going to do? Get everything and everyone you need together
- **Execute** – carry out the task

Employers must use formal risk assessment processes to create safe policies and procedures, while employees must informally risk assess tasks before carrying them out.

Formal assessments are carried out by employers and managers and are a legal requirement of both the Management of Health and Safety at Work Regulations 1999 and the Manual Handling Operations Regulations 2002. Risk assessments are 5 step processes that aim to identify and control workplace hazards; the steps are as follows:

1. Identify hazards – when assessing a handling task hazards might be associated with the load to be moved; the environment in which this will happen and the regularity with which it needs to be done. Hazards, therefore, include heavy loads, lack of space, wet floors and repetitiveness.
2. Assess level of risk – all people who may be involved must be given special consideration. New staff may be at greater risk than experienced ones and people requiring a great deal of assistance will be most vulnerable of all. The person carrying out the assessment has to decide how likely it is that someone will be hurt and how significant injury may be.

3. Introduce control measures – these might include equipment such as hoists; increased information, training and supervision for staff; the participation of more than one member of staff.
4. Record and communicate – it is a legal requirement for all workplaces employing 5 or more staff to formally record their risk assessments. As staff members can only apply control measures if they are aware of them it is also essential that findings are communicated to all. If you don't know where to find the written assessments ask your manager.
5. Monitor – any changes made to the environment, staff or clients will affect the effectiveness of control measures. Managers must carry out regular reassessments to ensure that hazards are adequately controlled.

Consider a handling task which you carry out regularly (e.g. assisting a someone to stand), complete a risk assessment for this activity	
Identify possible hazards	
Who is at risk?	
What control measures could be (or are) used?	
What would you record and communicate about this assessment?	
When would you reassess?	

### ***Informal Risk Assessments***

When you are about to carry out a task you must do an informal risk assessment to ensure that you do it as safely as possible. Unlike your employers' assessment yours probably won't need to be recorded and will not follow the same five step format.

Before you start you must make sure that you are aware of your employer's agreed way of carrying out the task in hand. That is the safe system of work that your employer has developed from their risk assessment; this should tell you whether more than one person will be required, if equipment will be necessary and so on.

Remember your legal duties under the Manual Handling Operations Regulations 2002 are 'Avoid, Assess, Reduce', so your first question when faced with the task of moving something is, 'is this necessary?' If, for example, someone could move without assistance if provided with guidance and aids (handrails, walking frames) then you wouldn't need to physically help them. It may also be possible to find a less hazardous way of doing a task;

When you assess manual handling, tasks use the word TILE(E) to help you to remember the factors you need to consider.

### ***Task***

- Does it have to be done frequently?
- Does it involve twisting or stopping?
- Does it involve handling at arm's length?

### ***Individual (you)***

- Am I capable, competent and confident that I can do this?
- Do I have the training and experience to do it safely?
- How am I feeling today, am I fully fit?
- Am I dressed appropriately (comfortable clothing, not too loose or too tight; sensible shoes)

### ***Load (inanimate)***

- How big is it?
- Is it easy to hold?
- How heavy?
- Does it have sharp edges?
- Is it unstable?

### ***Load (person)***

- Check individuals care plan
- What are their capabilities?
- Can they cooperate / understand directions etc?
- Are they weight bearing / mobile?
- What's their state of health generally?
- How are they feeling right now?
- Can they consent to what I am asking them to do?
- Do they have walking aids? Do they know how to use them?

If you believe the person's physical capabilities or mental capacity have changed ask your manager for advice before assisting them or moving them. You may cause

serious injury if they are less able to participate in the manoeuvre than 'normal'; if they were injured and you had not voiced your concerns you could be prosecuted.

## ***Environment***

- Is there space?
- What's the flooring like?
- Have I got to go through doors / up stairs? How difficult will this be?
- Are there bits of furniture in the way?
- Will there be people about?
- Is the lighting adequate?

## ***Equipment***

Choosing and using equipment will be discussed in unit 6.

It may seem like this is too much to think about when you might be doing manual handling tasks throughout the day. However, it's likely that you already do most of this you just don't do it as a conscious process. We risk assess almost constantly to keep ourselves safe doing everyday things like crossing roads and driving. Once you have been taught the green cross code, or passed your driving test, you assess without having to go through things step by step (I stand at the kerb and observe the traffic; mirror, signal manoeuvre.). The truth is though that if you were really not thinking you would significantly increase your risk of causing an accident as you would step out or pull out without due care and attention.

When you approach a task, you must focus on what you are doing; forget about what you're going to have for dinner or what you've got to do next and concentrate. Look at what's in front of you and use TILE(E) to make sure that you consider all potential hazards; if you do the same things every day it's easy to become complacent and you may miss an unexpected hazard which will make your usual working methods unsafe.

## ***Preparing the Environment***

Your assessment of the environment may have identified potential hazards. In order for you to work safely these must be removed or controlled before you do anything. When you are assisting someone to move issues such as changes in floor level and distance between leaning places can cause problems. Plan your route carefully to suit the person's needs and capabilities and make sure that you communicate clearly with them before and during the manoeuvre.

Ideally rooms will be kept clear of small pieces of furniture and loose rugs but, if the person you support likes to have these around, you may need to clear space to move or take a route around the obstructions.



If you are assisting the client outside or in wet areas like bathrooms check floors for slip hazards before you do anything and make them safe. Bear in mind that not all hazards can be removed (there is little you can do about wet grass for example) but that people may still choose to take risks. (Consent and risk management are discussed in unit 4).

## ***Infection Control***

Any task that involves contact between staff and people they support introduces a risk of cross infection. When you are assisting people to move or using equipment to move them you must take steps to control the spread of infection.

There are 3 main ways in which cross infection may occur:

- The person may directly infect the care worker
- The care worker may directly infect the person they are assisting
- The person being assisted may become infected by soiled equipment

Risks will be increased if the person has a catheter or if any party involved has an open wound. The following control measures should be part of your general preparation:

- Wash your hands before and after you carry out a task; use personal protective equipment (gloves, aprons) if indicated in care plan but they will not always be necessary
- Support the individual to maintain their own personal hygiene
- Slings, slide sheets etc. should belong to individuals; they should be washed regularly and when they are obviously soiled
- Hoists and other pieces of equipment used by more than one person should be cleaned as soon as they have been used

## **Unit Three Questions**

1. What is the point of risk assessments?

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2. What do the letters TILEE stand for in relation to informal risk assessments of handling tasks?

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3. What would you do before assisting a someone to get out of bed?

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4. Why is it important to be sensibly dressed to carry out handling tasks?

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5. Why is it important to clean equipment after using it

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## ***Unit Four***

### ***Thinking about the People you Support***

This unit looks at the issues involved when the 'load' we are moving is a person. Never lose sight of the fact that your role is to assist other human beings to overcome physical and mental barriers which affect their ability to move independently. 'Moving' a person from one place to another is not a work task to be carried out; it is the means by which a person is assisted to achieve a desired goal e.g. to get out of bed in the morning or to be appropriately seated for breakfast.

People are to be supported to act independently wherever possible, even if this takes more time or requires more effort than care workers acting on their behalf. If you fail to support people to do things for themselves, you risk 'deskilling' them increasing their dependence on you and promoting physical and mental decline.

For example: Virginia has been diagnosed with Alzheimer's disease, she is becoming increasingly forgetful and lacks the ability to concentrate for more than a few seconds at a time. Virginia also has rheumatoid arthritis so moving has become a slow and painful process.

Getting Virginia out of bed in the morning requires gentle encouragement, patience and good communication skills. Talking Virginia through the process of getting up can take 15 to 20 minutes; busy staff find it quicker to physically assist Virginia from bed to chair. The problem with this approach is that Virginia will become used to depending on others, she will forget how to do things and her physical ability to move will be affected. Care staff will get used to Virginia's dependence and forget that she could do things herself with the right support. It will probably soon be found that a hoist is necessary to transfer Virginia safely and efficiently.

Care worker intervention should be a last resort for people with mobility problems; every effort should be made to enable them to move by themselves. To this end, furniture (chairs, beds) should be a suitable height and design to get into and out of easily; equipment must be close at hand and the individual should have been trained to use it and the environment should be arranged to make movement easier with level floors, well-spaced furniture and regular resting places.

Occupational therapists or physiotherapists can be consulted to give advice on suitable exercises and equipment that will help people to maintain their independence. For some people the aim will be to prevent deterioration of physical skills as a result of ageing or illness; others will require rehabilitation work to undo damage done by, for example, a stroke or long period of physical inactivity.

### ***Encouraging Client Independence***

- Use good communication skills
- Introduce equipment for the client to use e.g. hand rails, ladders, walking aids
- Allow people time to do things for themselves, do not pressure them to hurry
- If people have walking aids make sure that they are within reach at all times

- Make it as easy as possible for people to find their way around the home
- Ensure that any medical problems that may restrict someone's mobility are being suitably treated and that you understand how the client may be affected
- Consult professionals such as occupational therapists to develop exercises and choose appropriate equipment to maintain or improve physical skills
- Encourage people you support to take physical exercise whenever they can and in a way they can manage
- Ensure individuals know how to use equipment and why they are using it
- Make sure people wear well-fitting shoes / slippers at all times

Putting walking aids out of reach or using trays or low seating to prevent people getting up are types of restraint which must be avoided. If they are at risk of falling this will need to be assessed and managed in a more appropriate way. (See Falls Prevention manual or consult a falls consultant for further advice.)

## ***Applying Person Centred Values***

A person-centred approach is based on a set of values which include the following:

- Independence
- Dignity
- Privacy
- Rights
- Choice
- Respect
- Partnership
- Individuality

Each of these values should be taken into consideration when assessing clients' needs. While some of these values may be less important in some cultures than others dignified treatment is really the least that any human being can expect. The people you support should be treated as competent adults regardless of any physical or mental condition they may have.

Good communication is essential to providing appropriate, person centred care.

The people you support are always part of the team when they are being assisted or transferred. Providing someone with physical assistance without engaging them in conversation or treating them with appropriate dignity and respect is abusive behaviour that should not be tolerated.

If a hoist or other piece of equipment is to be used people may feel a degree of fear and apprehension, possibly made worse by previous experiences of poor handling. It is essential to acknowledge their feelings and do your best to put them at ease by making them feel in control and by keeping them fully informed about everything that is happening.

When assisting and moving people you must communicate effectively to make sure of the following:

- The person gives valid consent
- They actively participates in the manoeuvre
- The level of support the person needs and wants has been agreed
- The person understands why and how an action is being undertaken
- They feel supported and reassured
- Techniques are not causing pain or discomfort

To maintain clients' dignity it is important to ensure that people's right to privacy is respected. Being assisted to move or being moved by mechanical means such as a hoist can be potentially humiliating and can make people feel very vulnerable. Always make sure that clothes are properly adjusted to protect their modesty and that they are hidden from public view i.e. bedroom / bathroom doors and curtains should be closed and numbers of staff kept to a minimum. If, for any reason, you are hoisting someone in a public area it may be necessary to put screens up or move other people and visitors to another area first.

The Human Rights Act 1998 supports the following rights for all:

- The right to life
- Freedom from torture and degrading treatment
- The right to respect for private and family life
- Freedom of thought, conscience and religion, and freedom to express your beliefs
- Freedom of expression
- The right not to be discriminated against in respect of these rights and freedoms

Some of these rights are absolute while others are conditional; for example freedom of expression may be affected by the rights of others to be protected from abuse or offensive images. Care practices are affected if they are found to be unnecessarily restrictive of individuals' freedoms, or if they are discriminatory. For example the Act was successfully used to challenge care providers' blanket bans such as 'no lifting' policies as they did not take into account individual circumstances (ref *The Queen v. East Sussex Council*).

## ***Risk Management***

Risk management combines risk assessments with individuals' personal choices and values to develop acceptable control measures. There will often be situations where care providers' decisions about client safety will conflict with the opinions of the people being supported themselves. Each person has the right to make choices about how their care is provided; if they object to being assisted in one way it may be necessary to find another way of supporting them. You may have to look for a method of assisting or moving a someone that is acceptable to them without putting staff at risk.

Under the terms of the Mental Capacity Act 2005 if you believe that someone may lack the capacity to make their own decisions they should be assessed and, if found

to lack competence, decisions must be made in their own best interests and reflecting their personal values.

There must be a balance between individuals' safety and their freedom of choice, movement and action; if they wish to be assisted in a way different to that recorded in their care plan you should consult your manager for advice with the aim of meeting their wishes, not to provide reasons why you **can't** do something.

When you are following your employer's agreed ways of working as documented in care plans make sure that you have the individuals consent whenever possible; and you check for any changes in circumstance (persons condition, state of the environment) prior to carrying out a manoeuvre. If you have concerns raise them with your manager; don't put yourself or the person you're supporting at risk.

### ***Equality and Diversity***

Provisions made for assisting and moving people must take into account the fact that everyone is different; someone should have equal opportunities even if it is harder to meet the needs of some people than others

The Equality Act 2010 gives equal rights to all regardless of ability, age, gender, sexuality, marital status, religion or race. Care providers must make all reasonable adjustments necessary to ensure equal treatment for all; this means that for example:

- People with disabilities cannot be excluded from trips out
- Cultural needs must be respected when providing personal care
- Where communication barriers exist it is the care provider's duty to overcome them

## **Unit Four Questions**

1. Who could you go to for advice about maintaining or regaining individuals' physical abilities?

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2. Give 2 reasons why you **must** talk to the people you are assisting to move.

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3. Give an example of a way in which you or your employer support equality and diversity when meeting individuals' handling needs.

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4. Malik wants you to lift him into bed; you have been told to hoist him. When you go to speak to your manager about the conflict which of the following approaches would be best?

- a. Malik wants me to lift him, how do I make him understand that I have to use the hoist?

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- b. Malik doesn't want to be hoisted; are there any alternatives?

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5. Explain your answer to 4.

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## Unit Five

### Safe Practices

As you know employers, managers and employees each have their own responsibilities for safe working environments and practices. Legislation requires you to take your responsibilities seriously and to work together to introduce and implement safe working procedures.

### An Ergonomic Approach

The likelihood of workplace accidents and ill health can be significantly reduced by taking an ergonomic approach to hazard identification and control. This can be seen as a person centred way of assessing the risks faced by employees and others in the working environment.

Ergonomics = the way in which physical, psychological and social factors affect people's working practices.

Factors to consider when assessing a handling task		
Physical	Psychological	Social
How do people move?  Are things which are needed most stored in the most accessible place?  Is equipment suitable for the people using it?  Is equipment adjustable for taller / shorter workers?	What emotional involvement do care staff have with the people they support?  Will care workers compassion cause them to put themselves and others at risk? E.g. by catching people who fall / lifting instead of hoisting.	Is there pressure to do things within strict time limits?  Do managers have unrealistic expectations of employees' capabilities?  Would employees feel embarrassed about asking for help?

To carry out an assessment a manager might photograph or closely observe care workers to identify when manoeuvres placed strain on their bodies and how this could be reduced or managed. Employees might give honest feedback if there were an anonymous survey or if an independent expert conducted interviews. Investigations into the causes of accidents may highlight common factors between unrelated incidents.



## ***The Principles of Efficient Movement***

As you work through this part of the manual try to practice postures and techniques as you read about them.

To work efficiently your body needs to be relaxed and comfortable and you should move in a way that generates maximum power from minimum effort. If something doesn't feel right it probably isn't; if you find manoeuvres awkward think carefully about how you are moving and whether you are following the principles. To carry out handling tasks in the safest way possible you need to know how the human body works best. Unlike the old technique based approach, the principles of efficient movement allow a far more human and flexible response to handling tasks.

The principles of efficient movement may also be applied to the people, you support helping to increase their independence when possible and to reduce their chance of injury when they are being assisted.

### ***Creating a Dynamic, Stable Base***

A stable base is essential to reduce your risk of falling, and, if you want to move freely your base also needs to be 'dynamic'. Stability can be created by placing your feet about hip distance apart with one foot slightly in front of the other. Pointing your foot in the direction of movement will allow your muscles to work most effectively.

You should move smoothly without jerking and allow your body weight to assist motion reducing the amount of physical effort involved.

When you move your body your centre of gravity shifts, and you become unstable; you then move your feet to regain balance and restabilise yourself; if you move your centre of gravity outside the base made by your feet you will need to put a great deal of effort into remaining upright.

If you need to be off balance during a manoeuvre limit the amount of time you spend in this position and the amount of weight you are supporting at the time.

It is possible to use a persons' centre of gravity to reduce the amount of effort necessary to turn them. As you roll them onto their side gravity will take over and they will move unaided; it will then just be necessary to control the speed of the movement and to prevent the person rolling further than necessary.

### ***Knees and Hips***

Any tension in your body increases your risk of injury; your body is safest when it is relaxed and comfortable. Flexing your hips and knees will allow you to move in a natural way without putting stress or tension on your joints and muscles.

Flexing or softening your knees and hips will allow you to reach down to move or lift things up without being unbalanced. Squatting or kneeling put pressure on your joints and can be difficult and uncomfortable to hold; if these positions cannot be avoided do not try to move heavy loads or to spend longer than a few seconds like this.

Stand with your feet hip distance apart and lower yourself by bending your knees, keep bending until you feel that you are 'wobbly'; maintain this position for as long as you can concentrating on the amount of physical (and mental) effort it takes to avoid falling. The effort it takes to maintain balance would increase your risk of injury if you were carrying out a handling manoeuvre.

## **Spine**

All backs are different but they aren't usually straight; most people's spines form a kind of lazy 's' shape when they adopt a good posture. When carrying out tasks you should try to maintain the natural curves of your spine to reduce its vulnerability to harm.

Most people will have experienced aches and pains when doing things like ironing or driving for long periods of time. This is because we tend to adopt an unnaturally 'top heavy' position with rounded shoulders; this causes discomfort and significantly increases our risk of injury.

One of the most dangerous things you can do is to attempt to lift something while bending and twisting – this puts a great deal of pressure on your vulnerable lower back and should always be avoided.

Think of a time when you have experienced back pain or tension – think about what you were doing at the time. In the space below write down some ways in which you could have reduced tension in your body or limited your risk of harm

e.g. when driving I could take regular breaks

## ***Head and chin***

Your head and chin should be comfortably balanced in a way which allows you to maintain your spine's natural curves.

## ***Arms and hands***

Arms are levers and they need to be kept as close to your sides as possible to reduce strain; you will find it difficult to carry loads at arm's length for more than a short time. If you have to stretch to move something try and limit the amount of time you are in this position and avoid trying to move heavy weights like this.

Hands should be relaxed and open if possible, making a fist increases tension in your hands and arms. Do not grip things if you don't need to; palm contact can be safe and effective and also reduces your likelihood of causing harm if you are assisting a client.

## ***Breathing***

Through effective breathing techniques you can control and strengthen your body and help it to relax. Of course, we don't have to think about breathing, it happens automatically but, we might actually benefit from an increased oxygen supply. The more physical effort you need to put in, the more oxygen your body will want. Taking good deep breaths when you are doing strenuous work will be good for you.

A deep breath in before a lift or move can also help to protect you as it adds support to your abdominal muscles and the front of your spine.

## ***A note on 'controversial' techniques***

If you have been working long enough to remember when manoeuvres such as drag lifts were commonplace; or if you have heard managers and colleagues talking about techniques which have been banned, you may wonder why you are prevented from using certain techniques.

The fact is that handling practices which involved a considerable amount of physical effort and bodily lifting of individuals caused all kinds of physical pain and injuries to carers and clients alike. Improved understanding and the introduction of equipment allows us to make safer choices for people with mobility problems.

The old ways are not actually illegal, but they are not good practice either. However, some clients dislike being moved by mechanical means and, in some situations, it may seem that a relatively quick manoeuvre, for example to reposition someone, is made unnecessarily long and complicated by the need to introduce equipment.

Very occasionally it may be possible and appropriate to use what are now termed **as** controversial techniques. If this is the case there are strict rules:

- It must be the service user's choice to use a controversial manoeuvre and they must understand and accept any risk involved
- All carers involved must be fully informed of the risks and willing to accept them without pressure
- Care staff must be fully trained in the safest way to apply what will remain high risk techniques
- Care plans must detail the exact and limited circumstances under which such techniques can be used with regular reassessment

## ***Teamwork***

When carrying out manual handling manoeuvres good teamwork helps to promote safety and client wellbeing; clear communication is vital to ensure that everybody works together in a controlled manner.

One person should take the role of leader to reduce the likelihood of confusion and to effectively control the move. Whoever is leading the manoeuvre should take responsibility for the following:

1. Finding out what the person would like to do (e.g. go to the dining room); how this will be achieved (i.e. how much help will be needed, will equipment be involved) and what their role will be.
2. Getting the individuals consent if possible - if they lack the capacity to do this their behaviour should be observed to decide whether they want to move or not and, if a decision is made to do so, they must be monitored throughout for signs of distress, pain or resistance
3. Explaining fully what is going to happen and the role of each person - the manoeuvre should then be broken down into stages and carried out a bit at a time to allow everyone to keep up
4. Controlling the manoeuvre ensuring that everyone moves together by using an instruction similar to ready, steady, move. (1,2,3 causes problems as some people go on 3 and some after)
5. Making sure everyone is comfortable and prepared before carrying out the next part of the manoeuvre

## **Unit Five Questions**

1. What is a dynamic, stable base?

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2. Suggest a social factor that might affect the way a handling task is carried out.

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3. What is the role of the leader when a handling manoeuvre involves teamwork?

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4. Give an example of a controversial technique

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5. Why is it important to be as relaxed as possible when working?

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## Unit Six

### Introducing Equipment

You and your employers have a legal duty to **avoid** any hazardous manual handling; it is, therefore, essential that you first encourage people to move independently whenever possible and that, when necessary, you introduce appropriate equipment to achieve this.

However, if people are dependent it will also be necessary to purchase and install the right equipment to transfer them in a safe and dignified manner.

Use the space below to write a list of equipment that is used in your workplace; this could be equipment that enables people to move independently or it could be used by care staff to make transfers easier

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Although equipment may be introduced to control risks its use is likely to introduce new hazards; to reduce the dangers involved equipment should be chosen and installed by competent individuals; anyone using the equipment should be given appropriate instruction, training, information and supervision (this will include people using walking frames etc.); employers/managers must carry out risk assessments and create written policies and procedures for using equipment and care plans must show what equipment will be necessary for an individual so that care staff do not have to work things out for themselves e.g. if a hoist is required the care plan should show the appropriate size of sling to be used.

In order to be considered competent to select equipment an individual must be aware of current legislation and guidelines for safe handling and have a practical knowledge of the person(s) / individuals the equipment is for; the problems it is intended to solve and the environment it is to be used in.

The equipment should be installed by a competent person who can also train staff in its use and provide on-going maintenance and repairs.

### ***The Provision and Use of Work Equipment Regulations 1998 (PUWER)***

### ***Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)***

All work equipment is covered by PUWER; equipment designed for lifting will also be covered by LOLER.

To comply with LOLER employers must:

- Choose equipment that is strong and stable enough for its intended purpose
- Provide employees with adequate training, information, instruction and supervision to use equipment safely
- Maintain equipment in safe working order
- Ensure that equipment meets appropriate British and European standards (often indicated by CE mark)
- Ensure equipment is marked with its safe working load
- Check equipment daily and keep it properly maintained
- Have it checked by a competent individual every 6 months
- Put in place safe working procedures for employees to follow

As an employee you must only use equipment when you are confident and competent to do so. You must follow safe procedures and carry out assessments before you use it to ensure that it is safe to do so. Equipment should be visually checked before you use it and you must report any faults you find.

You must not use equipment if you notice any signs of damage or if you are unsure whether its checks and maintenance have been kept up to date.

To meet your legal requirements and, more importantly to maintain safety **always** check the following prior to using equipment:

- It is CE marked if necessary
- Labels are clearly readable
- LOLER checks are up to date where necessary
- There are no tears, signs of fraying or missing parts
- Batteries are charged
- All parts work e.g. hoist wheels
- The equipment is right for the person – check the care plan
- You know what you are doing and you work with a colleague when necessary
- You are not exceeding the safe working load of the equipment

## ***Unit Six Questions***

1. What qualities would make someone competent to choose equipment?

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2. What mark indicates that equipment meets appropriate standards of safety?

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3. How often must lifting equipment be checked by a competent person?

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4. How would you know that lifting equipment had been checked by a competent person?

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5. When new equipment is installed who should be given training and information about its use?

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## ***Unit Seven***

### ***Applying Safe Practices***

Before assisting or moving anyone remember – if they can move independently encourage them to do so. If they can't carry out a risk assessment (TILE(E)); obtain the person's consent and apply the principles of efficient movement to both yourself and the person you are assisting to reduce risk of harm.

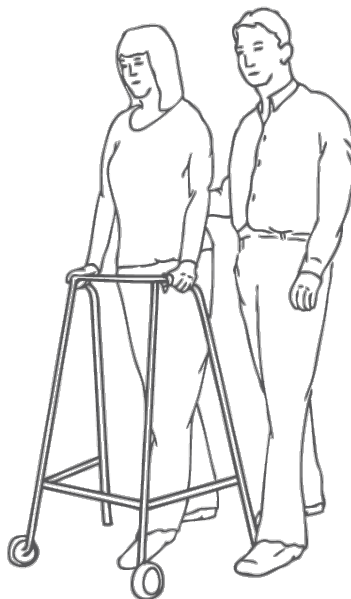
Take time to prepare before you do anything – make the area safe, have we got the equipment we need? Have we checked the care plan?

### ***Walking with Assistance***

You should position yourself to the side of the person and slightly behind them to allow them to set the pace and lead. Place the palm of your nearest hand on their lower back and encourage them to rest their forearm in your free hand (do not grip it).

Your role in this manoeuvre is to give the person a feeling of security and to help them maintain balance; they should not be putting any weight on you and you should not be supporting them in this way if there is a high risk they will fall.

People must be encouraged to use any walking aids they have, if they are unsure how to use them make sure that they get appropriate instruction. If they are using a stick stand on the opposite side, if they have a frame stand behind them and slightly to one side so that you can see where you are going. Like any other equipment, visually check sticks, frames etc. for signs of wear and tear and report any problems.



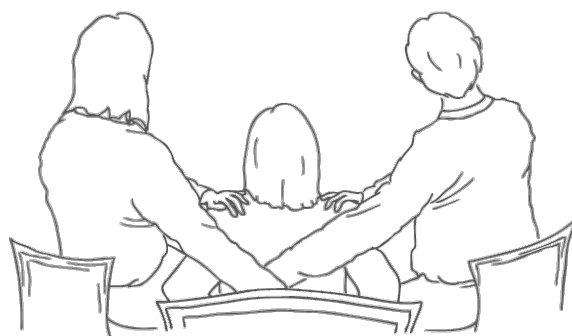
## ***Chair to Standing***

Check that the person is wearing appropriate footwear correctly and that their feet are slightly apart and firmly planted on the floor (stable base); check for hazards around the chair and ensure that the person understands what they are about to do.

Ask the person to move their bottom to the front of the chair or assist them to do this – it is very difficult to stand from a normal seated position.

Position yourself on one side of the person's chair with a colleague on the opposite side if necessary; place the open palm of your nearest hand(s) in a comfortable position on the person's lower back. If the chair has armrests ask them to place their hands on them ready to push up, alternatively allow the client to rest their forearm(s) in your free hand(s). If the person's is using the armrests place the open palm of your free hand(s) in front of their shoulders.

Use the instruction ready, steady, stand to direct the manoeuvre; on 'stand' the person should push up and forward while you (and your colleague) support and stabilise but do not lift or carry. You (and colleague) will take a small step forward as the person moves to standing; you should end up with the person standing steadily and you (and colleague) standing to the side and slightly behind them. You should be positioned to assist walking once the person feels ready.



## ***Handling Belt***

Handling belts are support aids; they are not to be used for lifting. If the care plan suggests it the person being supported could put on a handling belt prior to being helped getting out of a chair or for walking. The care plan should say which size is to be used and you must check the belt for signs of damage before using it. Ensure that handles are firmly attached, the label is readable and there is no visible soiling.

Make sure the belt is securely fitted then position yourself (and colleague if necessary) as above. Place your forearm(s) across the person's back and hook your fingers under a belt loop on their opposite side. Do not be tempted to slide your hand through the loop; this will put you at risk of a broken wrist.

When assisting from a chair follow the instructions above using the instruction ready, steady, stand and allowing the person to lead. **Do not** use the belt to lift the person or to carry them; if the belt slips as they stands allow them to sit back down and tighten it before continuing.

### ***Giving Assistance in Bed***

If you are repositioning people in bed or helping them to get up you should work with a colleague to maintain safety. The bed should be adjusted to a comfortable and safe working height but if this is not possible your employer's risk assessment must have identified this.

Manoeuvres can be made easier by the use of slide sheets which reduce friction and allow for smooth movement with minimal effort. The person should have their own sheets and you should check them prior to use, look for frayed stitching, tears or worn labels and ensure that the sheets are clean and dry.

Some slide sheets are tubular, others come as two separate flat sheets; whichever you use ensure that you position them in a way which is comfortable for the person and that they are long enough to reach from the top of the person's head to their heels. If they are too short you will need two sets otherwise the exposed areas of the person's body which are in contact with the bed will be at risk of friction burns.

### ***Moving someone up or down their bed using a slide sheet***

Place slide sheets under the person immediately prior to moving them and carefully remove them as soon as you have finished.

Position yourself at one side of the bed with your colleague on the other; you should stand by the person's waist to work safely. To move the person's up the bed you should both take hold of the edge of the top sheet by the client's hips and shoulders. Ask them to tuck their arms in or cross them over their body.

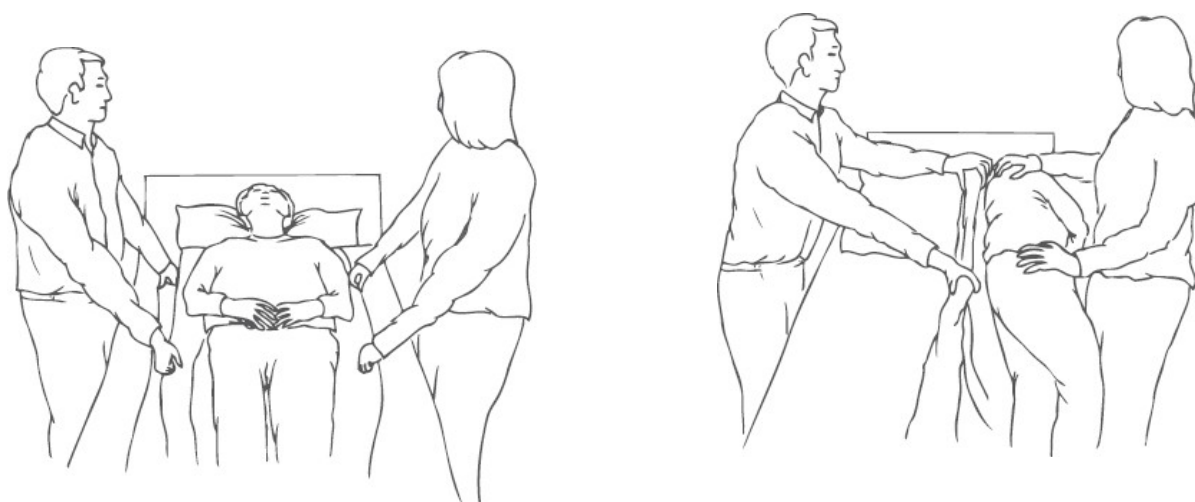
Flex your knees and balance your weight over the knee nearest the bottom of the bed; point your other foot towards the top of the bed. Using the instruction ready, steady, slide move your weight from one knee to the other while firmly pulling the slide sheet until the person reaches the desired position. Do not lift. Gently remove slide sheets upwards so that you do not pull the person back down. Use pillows to make them comfortable.



### ***Using a slide sheet to turn someone***

Position yourself and the slide sheets as above so you are facing your colleague across the bed. Encourage the person to look towards your colleague, get them to reach across with their arm and cross their nearest leg over the other.

Hold the edge of the top sheet level with the person's hips and shoulders, on the instruction ready, steady, turn pull the sheet firmly up and towards you. The person will roll and your colleague will steady them and prevent them falling from the bed. When they are in the correct position gently remove the sheets.



### ***Falls***

Many people are injured every year attempting to catch people who are falling. You need to know what your employer's policy is regarding falling person so that you know whether to **always** allow people to fall or whether you can use any of the methods suggested below.

When a client is falling, and you are not within reach, guidelines state you must let them fall. (RCN guidelines 2005)

When they are falling, and you are near but not assisting them, to walk you should allow them to fall but you may move obstructions or protect their head to reduce the chance of injury.

If you are assisting someone to walk and they start to fall you may use the lowering methods shown below assuming that:

1. When they start to fall you are behind and slightly to one side
2. They are falling backward or directly downward.
3. There are no obstructions or dangerous objects.
4. The person is not much larger than you and they are not resisting
5. you have been trained to use these techniques

#### ***Lowering methods used for the falling person***



**Picture 1:**

If the fall is towards the carer and they are comfortable, the carer releases any hold on the person and moves behind them to get a better control of the person.



**Picture 2:**

Keep close and with both hands take a step back and adopt a wide stable base.



**Picture 3:**

Hold the person around their trunk and not their arms.



**Picture 4:**

The carer should bend both knees and gradually lower the person to the floor attempting to direct them to slide down the front thigh.

## ***Caring for a person who has fallen***

- a. Carry out a risk assessment and assess for injury
- b. If emergency services are required call 999
- c. If it is not an emergency give appropriate first aid and keep the person warm and comfortable until they are ready to get up
- d. Encourage the person to get up by themselves introducing supports such as footstools, chairs to help
- e. If the person cannot get themselves up use suitable equipment e.g. a hoist

**Do not attempt to lift a fallen person from the floor, even if several care staff take part, this is still a high-risk manoeuvre.**

## ***Unit Seven Questions***

1. What is the purpose of a handling belt?

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2. What should you check prior to using slide sheets?

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3. What may slide sheets be used for?

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4. Why should you check that people are wearing suitable footwear before you assist them out of a chair?

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5. In what circumstances would you lift a person who had fallen?

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